

POWER OF ATTORNEY

I hereby name and appoint the following person(s) to be a lawful attorney in fact to act for me and apply and sign building permit applications and sign issued building permits for work commencing within the Central Florida Tourism Oversight District (the District), and to have access to the Accela Citizen Access Online Permitting System (ACA): <https://ca.rcid.org/citizenaccess>.

Note: No modifications should be made to this form (e.g., adding an expiration date for a user or project specific information.)

Name	Cell	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSE HOLDER/QUALIFIER INFORMATION REQUIRED			
License Holder:	_____	_____	_____
	Signature	Print Name	Date
Company:	_____	Main Office Phone:	_____
License Holder Email:	_____	License Holder Phone:	_____
Address:	_____	City:	_____
		State:	_____
		Zip:	_____
State License #:	_____	or County Competency #:	_____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20 _____

Personally Known
 Produced Identification

Type of Identification

Notary Stamp Here

Notary as to License Holder:

Signature